



11/18/04

IFW AF

PATENT  
450100-02710

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Futoshi Kaibuki  
Serial No. : 09/661,223  
For : ELECTRONIC DEVICE HAVING DATA PROCESSING  
SUBUNIT WITH FUNCTIONAL BLOCK TERMINATION  
DEVICE  
Filed : September 13, 2000  
Examiner : Kim T. Huynh  
Art Unit : 2112

745 Fifth Avenue  
New York, NY 10151  
(212) 588-0800

**EXPRESS MAIL**

Mailing Label Number: EV 468997700 US

Date of Deposit: November 17, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Barnet Shindelman  
(Typed or printed name of person mailing paper or fee)

Dan Shindelman  
(Signature of person mailing paper or fee)

**AMENDMENT AFTER FINAL**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed August 17, 2004, please amend the above-identified application as follows:



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Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
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745 Fifth Avenue  
New York, NY 10151

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	18	Minus	= 33	0 ×	\$18(9)	= \$00.00
Independent claims	4	Minus	= 4	0 ×	\$86(43)	= \$ .00
				Total additional fee for this amendment		\$ .00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid \_\_, or is paid herewith \_\_.  
☐ This response is being filed within the month following the expiration of the term originally set therefor.  
This is a petition to request a \_\_ month extension of time. A check covering the cost of the petition is enclosed.  
☐ A check in the amount of \$ \_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_ petition  
for extension of time.

- ☐ Charge \$\_\_ to Deposit Account No. 50-0320.  
☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Barnet Shindler  
(Typed or printed name of person mailing paper or fee)  
Barnet Shindler  
(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant(s)

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